

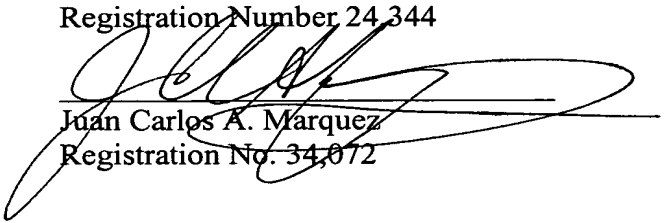


Examiner
Nguyen, Dung T.

- [] Please charge my **Deposit Account Number** _____ in the amount of _____ to cover the fees for _____. A duplicate copy of this paper is enclosed.
- [x] A check in the amount of **\$790.00** to cover the RCE fee is enclosed.
- [x] The Commissioner is hereby authorized to charge any additional fees associated with this communication, including fees under 37 C.F.R. § 1.16 and 1.17, or credit any overpayment to **Deposit Account Number 08-1480**.

Respectfully submitted,

Stanley P. Fisher
Registration Number 24 344



Juan Carlos A. Marquez
Registration No. 34,072

REED SMITH LLP
3110 Fairview Park Drive
Suite 1400
Falls Church, Virginia 22042
(703) 641-4200
November 21, 2006



Alexandria, VA 22313-1450

Nguyen, Dung T.

This is in response to the Office Action dated August 23, 2006, the period for response to which expires on November 23, 2006, along with a Request for Continued Examination (RCE). Please amend the above-identified application as follows: